

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	
1	1						51			
2		1					52			
3		0					53			
4		1					54			
5		4					55			
6		2					56			
7		4					57			
8							58			
9							59			
10							60			
11							61			
12							62			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1						TOTAL IND.			
TOTAL DEP.		10					TOTAL DEP.			
TOTAL CLAIMS		10					TOTAL CLAIMS			